



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 24, 2011

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Cavo, 7301 South 27<sup>th</sup> Street suites 150-170 requesting a class C liquor license.

Ameeta Martin, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mrs. Martin is a currently approved owner/manager of a current liquor license.

The required was completed on October 9<sup>th</sup> 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**Trade Name (doing business as) CavoStreet Address #1 7301 S 27th St., Suites 150-170

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster <sup>2</sup> Zip Code 68512Premise Telephone number 4027708248 *City*Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Ameeta MartinStreet Address #1 3424 Old Dominion Road

Street Address #2 \_\_\_\_\_

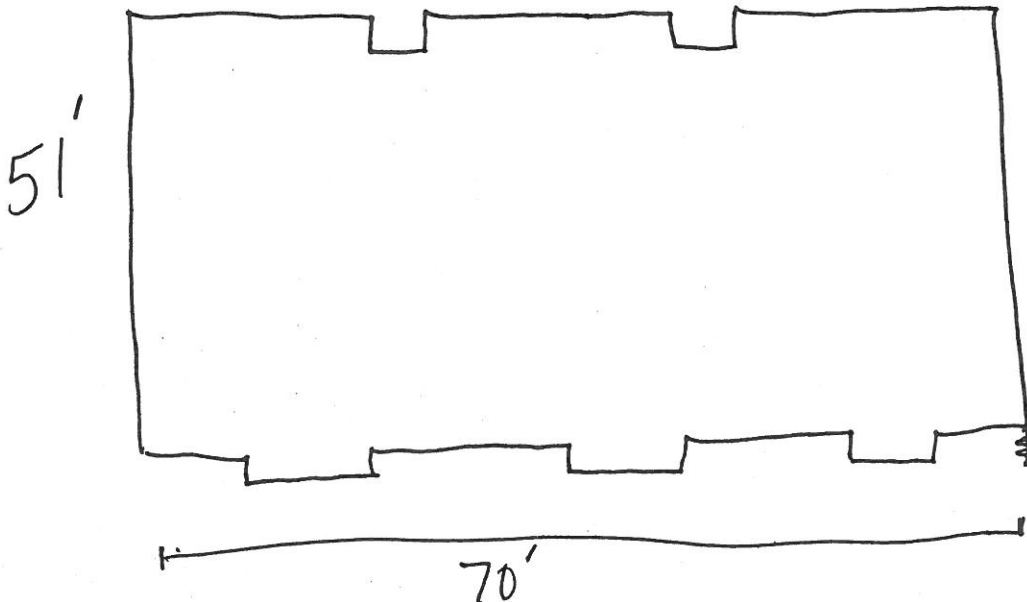
City Lincoln State NE Zip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 70 feet  
Width 51 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See attached*

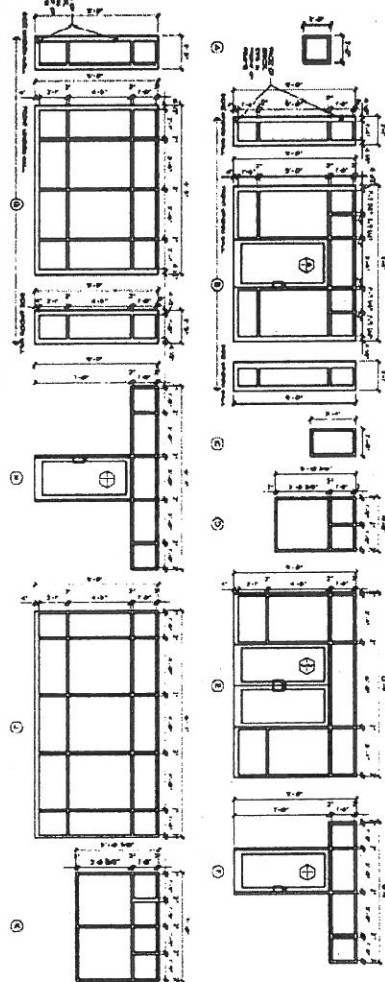
**DOOR AND FRAME SCHEDULE**

NO.	DESCRIPTION	QTY	UNIT	NOTES
1	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
2	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
3	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
4	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
5	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
6	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
7	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
8	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
9	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS
10	6'0" x 8'0" GLASS DOOR WITH ALUMINUM FRAME	1	EA	SEE ELEVATIONS

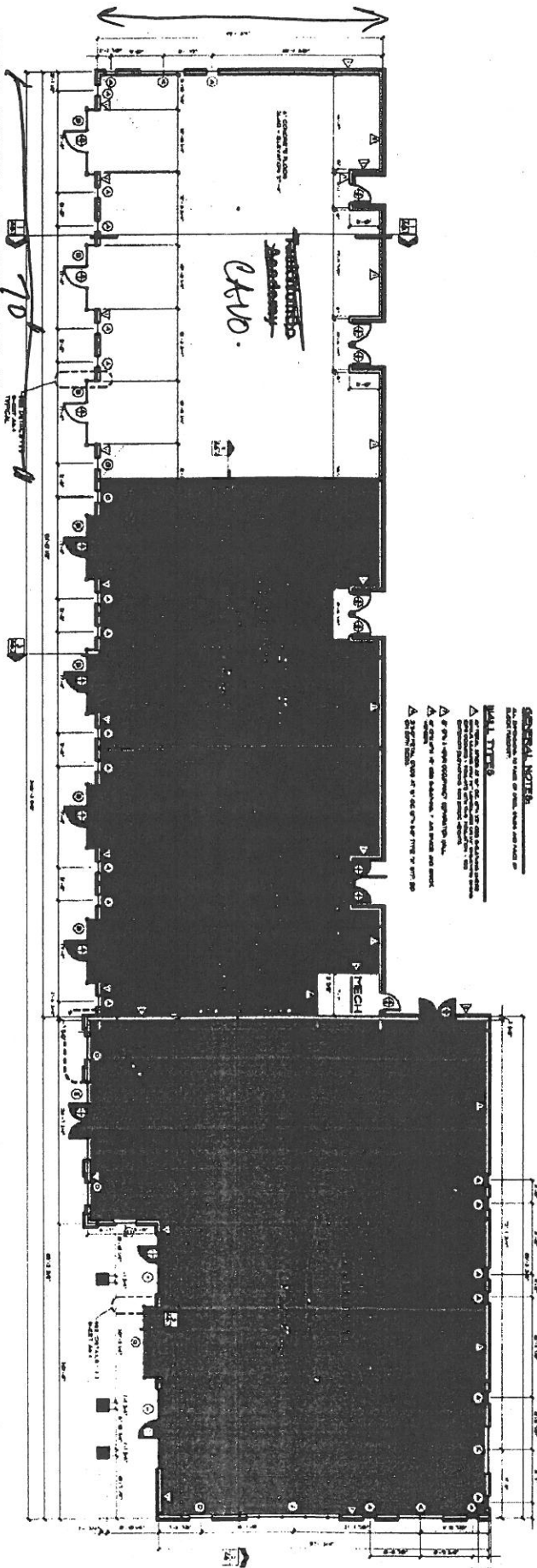
**DOOR NOTE:**  
 1. ALL DOORS SHALL BE 6'0" WIDE BY 8'0" HIGH.  
 2. GLASS SHALL BE 1/2" THICK CLEAR GLASS.  
 3. ALUMINUM FRAME SHALL BE ANODIZED ALUMINUM.  
 4. DOORS SHALL BE OPERATED BY SPRING.  
 5. DOORS SHALL BE FINISHED TO MATCH EXISTING DOORS.  
 6. DOORS SHALL BE FINISHED TO MATCH EXISTING DOORS.

**WINDOW ELEVATIONS**

**WINDOW NOTE:**  
 1. ALL WINDOWS SHALL BE 6'0" WIDE BY 8'0" HIGH.  
 2. GLASS SHALL BE 1/2" THICK CLEAR GLASS.  
 3. ALUMINUM FRAME SHALL BE ANODIZED ALUMINUM.  
 4. WINDOWS SHALL BE OPERATED BY SPRING.  
 5. WINDOWS SHALL BE FINISHED TO MATCH EXISTING WINDOWS.  
 6. WINDOWS SHALL BE FINISHED TO MATCH EXISTING WINDOWS.

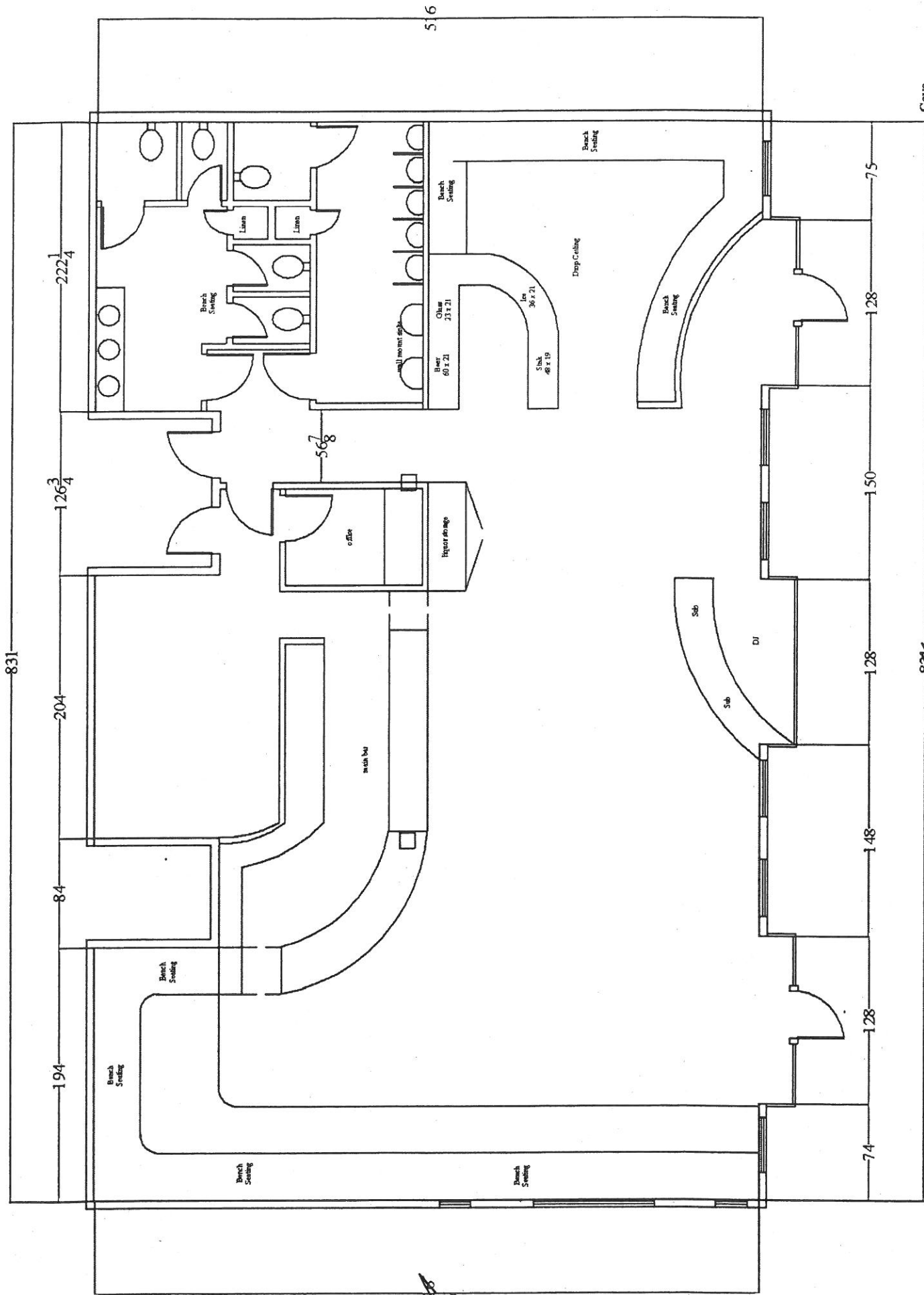


**OVERALL FLOOR PLAN**



**GENERAL NOTE:**  
 1. ALL DIMENSIONS ARE IN FEET AND INCHES.  
 2. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
 3. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
 4. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
 5. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
 6. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.





Cavo  
 Revised 4-18-11  
 Scale 1/8" = 1' 0"

~~824~~ 70'

**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

**2. Are you buying the business of a current retail liquor license?**

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

**3. Was this premise licensed as liquor licensed business within the last two (2) years?**

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

**4. Are you filing a temporary operating permit to operate during the application process?**

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

**5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?**

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. (All involved persons must be disclosed on application)

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**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner. \_\_\_\_\_

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

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10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

**City Bank & Trust; Ameeta Martin, Troy Peterson, Aeloa Delany**

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11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

**red9 LLC, 322 S 9th St., Lincoln, NE 68508; License # 83855**

*Bluestem Vineyard, 5895 W Sprague Rd, Crete, NE 68333  
Licence # 86864*

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Troy Peterson	8/2008	Responsibility Training, Lincoln, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**



Lease: expiration date

~~42/31/2018~~

7/31/2012 - will be renewed after this time



Deed



Purchase Agreement

14. When do you intend to open for business? August 2011
15. What will be the main nature of business? dance club/bar
16. What are the anticipated hours of operation? M-Sunday; 5pm - 2am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Ameeta Martin	1993	present	Steven Martin	1993	present
Aeloa Delany	2000	present	Troy Peterson	1994	present

If necessary attach a separate sheet.



APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Ameeta Martin

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
red9 LLC

LLC Address: 3424 Old Dominion Road

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402-770-1487

LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Martin First Name: Ameeta MI: \_\_\_\_\_

Home Address: 3424 Old Dominion Rd City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 4024201323

Ameeta Martin

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of Nebraska

5-10-11

Date

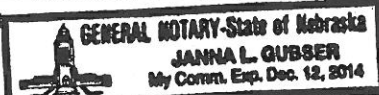
Janna L Gubser

The foregoing instrument was acknowledged before me this

by

Janna L Gubser  
name of person acknowledge

Affix Seal





List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Martin First Name: Ameeta MI: B

*Prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Steven L Martin

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Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 40%

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Martin First Name: Steven MI: L

*Prints*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Ameeta B Martin

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 40%

Last Name: Delany First Name: Aeloa MI: R

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Troy Peterson

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 10%

Last Name: Peterson First Name: Troy MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Aeloa R Delany

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 10%

Is the applying Limited Liability Company controlled by another corporation/company?

☒ YES

☐ NO

If yes, provide the following:

1) Name of corporation Saturn Holdings LLC

2) Supply an organizational chart of the controlling corporation named above

3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: Jan 1

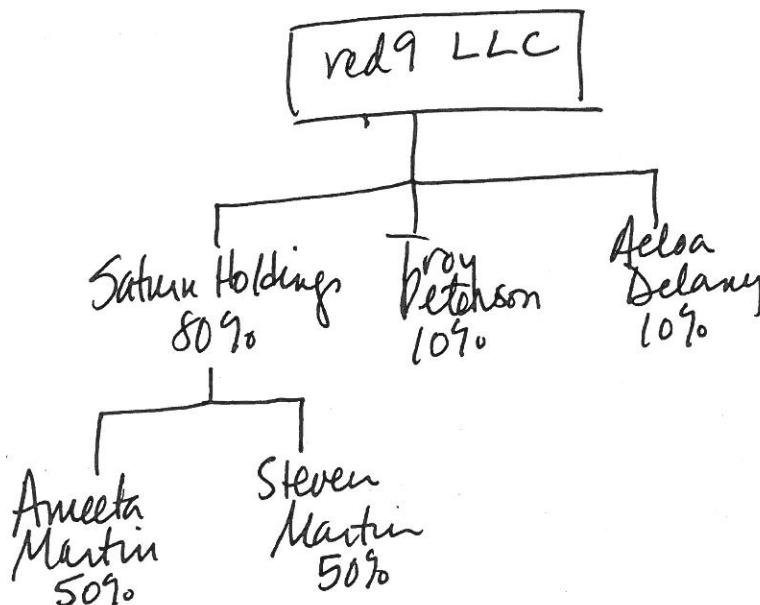
Ending Date: Dec 31

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.



In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: red9 LLC

**Premise information**

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

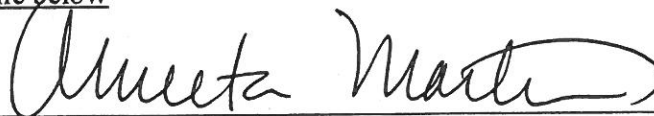
Premise Trade Name/DBA: Cavo

Premise Street Address: 7301 S 27th St, Suites 150-170

City: Lincoln State: NE Zip Code: 68512

Premise Phone Number: \_\_\_\_\_

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)

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Manager's information must be completed below PLEASE PRINT CLEARLY

MAY 11 2011

Gender: ☐ MALE☒ FEMALELast Name: **Martin**First Name: **Ameeta**NEBRASKA LIQUOR  
CONTROL COMMISSION  
MI: **B**Home Address (include PO Box if applicable): **3424 Old Dominion Rd**City: **Lincoln**County: **Lancaster**Zip Code: **68512**Home Phone Number: **4024201323**Business Phone Number: **4027701487**

Social Security Number: \_\_\_\_\_

Drivers License Number & State: **NE**

Date Of Birth: \_\_\_\_\_

Place Of Birth: **New Delhi, India**

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES☐ NO

Spouse's information

Spouses Last Name: **Martin**First Name: **Steven**MI: **L**

Social Security Number: \_\_\_\_\_

Drivers License Number & State: **NE**

Date Of Birth: \_\_\_\_\_

Place Of Birth: **Omaha, NE**

APPLICANT &amp; SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1993	present	Lincoln, NE	1993	present

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007 present	St. Elizabeth Physician Network	Donna Mertz	430-5869
1993 2007	UNMC	Priscilla Phillips	402-955-4350

**MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW**  
**Please print clearly**

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted ( city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

**IF YES, list the name of the premise.**

red9 LLC, 322 S 9th St., Bluestem Vineyard, Sprague, NE

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☒ NO *error*

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
☒ YES ☐ NO

**NOT VALID UNTIL SIGNED**

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NEBRASKA LIQUOR  
CONTROL COMMISSION

[illegible]



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NEBRASKA LIQUOR  
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